U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Name Edwin

Sherin

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Directors Guild of America, Inc.

	Labor Organization File Number 0.00-018				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 401				
Street 32 Bellair Drive	Street 7920 West Sunset Boulevard				
City Dobbs Ferry	City Los Angeles				
State New York ZIP Code + 4 10522	State California ZIP Code + 4 90046				
5. Position in labor organization.					
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)					
Signed MUR. MULLIN	On 914-674-0677  Date Telephone Number				
Form LM-30 (2003)	Page 1 of 4				

Name of Person Filing Edwin Sherin		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Pumpkin House Productions, Inc.	· ·				
Trade Name, if any:	a. Labor Organiza	tion			
P.O. Box, Bldg., Room No., if any 15th Floor	b. Trust				
Street c/o 1325 Avenue of the Americas	C. Employer				
City New York					
State New York. ZIP Code +4 10019					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali				
Name NBC Enterprises - New York	DGA collective bar	to Pumpkin House, pursuant to the gaining agreement, for services as a director of TV programs.			
Trade Name, if any:		e aggregate for all dealings			
P.O. Box, Bldg., Room No., if any 25th Floor		erts B-1, B-2, and B-3.			
Street 30 Rockefeller Plaza		e of such dealing. \$370,000			
City New York	11.b. Approximate dollar valu 12.a. Nature of interest hele	Contraction of the Contraction o			
State New York ZIP Code + 4 10112	I am 100 percent o	wner of Pumpkin House:			
	*I received \$140,0 \$140,000 (includin	00 and my spouse also received g income reported in B-2 and B-3).			
	12.b. Amount.	\$280,000			
O Developed from the complete of the form on organization of covered and	r parte A and B above)				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

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Name	of Person	Filing	Pawin	Sherin
Name	OI LEISONI	3 1501 63-8	KOWIII	PHELLI

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	В-2
Name Pumpkin House Productions, Inc.	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any 15th Floor		
Street c/o 1325 Avenue of the Americas	c. Employer	
City New York		
State New York ZIP Code + 4 10019		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name HBO	Transactions involving the product	ion of films.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2049 Century Park East		
City Los Angeles		
State California ZIP Code + 4 90067	11.b. Approximate dollar value of such dealing.	See B-1.
	12.a. Nature of interest held or income received.	
	The employer made payments to Pumpl services rendered by my spouse, Ms	cin House for Jame Alexander.
	as compensation for acting services	s she rendered in
	connection with an HBO program.	
	12.b. Amount.	See B-1

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	В-3	
Name Pumpkin House Productions, Inc.	a. Labor Organization	<u>5</u> –5	
Trade Name, if any:	Figure 1. Tours		
P.O. Box, Bldg., Room No., if any 15th Floor	b. Trust		
Street G/O:1325 Avenue of the Americas	c. Employer		
City New York			
State New York ZIP Code + 4 10019			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Time Warner Audio Books	A transaction involving production book.	of an audio	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1271 Avenue of the Americas			
City New York			
State New York ZIP Code + 4 10020	11.b. Approximate dollar value of such dealing.	See B-1,	
	12.a. Nature of interest held or income received.		
	The employer made a payment to Pum acting services my spouse, Ms. Jan rendered in connection with the praudio book.	e Alexander,	
	12.b. Amount.	Cas P 1	
	IZ.D. AINOUNE.	⊸ See B-l. ∣	